

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

MADISON PROJECT INC.

ADDRESS (number and street)

PO BOX 66128

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20035

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00298000

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Paul Kilgore

Signature of Treasurer

Electronically Filed by Mr. Paul Kilgore

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 32

Write or Type Committee Name  
MADISON PROJECT INC.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		<table><tr><td>6</td><td>7</td><td>0</td><td>1</td><td>.</td><td>0</td><td>7</td></tr></table>	6	7	0	1	.	0	7	
Y	Y	Y	Y															
2	0	1	0															
6	7	0	1	.	0	7												
(b) Cash on Hand at Beginning of Reporting Period .....	<table><tr><td>6</td><td>7</td><td>0</td><td>1</td><td>.</td><td>0</td><td>7</td></tr></table>	6	7	0	1	.	0	7										
6	7	0	1	.	0	7												
(c) Total Receipts (from Line 19) .....	<table><tr><td>6</td><td>9</td><td>3</td><td>5</td><td>7</td><td>.</td><td>0</td><td>8</td></tr></table>	6	9	3	5	7	.	0	8	<table><tr><td>6</td><td>9</td><td>3</td><td>5</td><td>7</td><td>.</td><td>0</td><td>8</td></tr></table>	6	9	3	5	7	.	0	8
6	9	3	5	7	.	0	8											
6	9	3	5	7	.	0	8											
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table><tr><td>7</td><td>6</td><td>0</td><td>5</td><td>8</td><td>.</td><td>1</td><td>5</td></tr></table>	7	6	0	5	8	.	1	5	<table><tr><td>7</td><td>6</td><td>0</td><td>5</td><td>8</td><td>.</td><td>1</td><td>5</td></tr></table>	7	6	0	5	8	.	1	5
7	6	0	5	8	.	1	5											
7	6	0	5	8	.	1	5											
7. Total Disbursements (from Line 31) .....	<table><tr><td>5</td><td>5</td><td>4</td><td>1</td><td>2</td><td>.</td><td>7</td><td>7</td></tr></table>	5	5	4	1	2	.	7	7	<table><tr><td>5</td><td>5</td><td>4</td><td>1</td><td>2</td><td>.</td><td>7</td><td>7</td></tr></table>	5	5	4	1	2	.	7	7
5	5	4	1	2	.	7	7											
5	5	4	1	2	.	7	7											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td>2</td><td>0</td><td>6</td><td>4</td><td>5</td><td>.</td><td>3</td><td>8</td></tr></table>	2	0	6	4	5	.	3	8	<table><tr><td>2</td><td>0</td><td>6</td><td>4</td><td>5</td><td>.</td><td>3</td><td>8</td></tr></table>	2	0	6	4	5	.	3	8
2	0	6	4	5	.	3	8											
2	0	6	4	5	.	3	8											
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0														
0	0	0																
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>1</td><td>5</td><td>4</td><td>3</td><td>.</td><td>6</td><td>2</td></tr></table>	1	5	4	3	.	6	2										
1	5	4	3	.	6	2												

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 32

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13760.00	13760.00
(ii) Unitemized .....	54434.26	54434.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	68194.26	68194.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	68194.26	68194.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1086.72	1086.72
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	76.10	76.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	69357.08	69357.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69357.08	69357.08

## DETAILED SUMMARY PAGE

of Disbursements

4 / 32

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	54012.77	54012.77	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	54012.77	54012.77	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1400.00	1400.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55412.77	55412.77	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55412.77	55412.77	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 32

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	68194.26	68194.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68194.26	68194.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54012.77	54012.77
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1086.72	1086.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52926.05	52926.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MS MARY ARMSTRONG**

Mailing Address **7605 MEADOW LN**

City State Zip Code  
**CHEVY CHASE MD 20815**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**03 / 15 / 2010**

**Transaction ID: SA11AI.14249**

Amount of Each Receipt this Period

**300.00**

**B.**

Full Name (Last, First, Middle Initial)  
**Mrs. Martha L Asplundh**

Mailing Address **PO Box 26**

City State Zip Code  
**Bryn Athyn PA 19009-0026**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**None**

Occupation  
**Retired**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt

**03 / 25 / 2010**

**Transaction ID: SA11AI.15324**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)  
**Mr. Joseph T Barnett**

Mailing Address **PO Box 193**

City State Zip Code  
**Palos Verdes Estat CA 90274-0193**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Rita Barnett Interiors**

Occupation  
**Owner**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**03 / 16 / 2010**

**Transaction ID: SA11AI.14370**

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mrs Mary M Buerger

Mailing Address 115 Stony Ridge Ct

City

Hillsdale

State

MI

Zip Code

49242-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.13173

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Amelia M Clements

Mailing Address 1579 Lenore Rd

City

Coxs Creek

State

KY

Zip Code

40013-7668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15403

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Eleanor Cobb

Mailing Address 131 S Vista St

City

Los Angeles

State

CA

Zip Code

90036-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14303

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Evelyn V. Dewitt

Mailing Address 1268 W Kildare St

City

Lancaster

State

CA

Zip Code

93534-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.14993

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Evelyn V. Dewitt

Mailing Address 1268 W Kildare St

City

Lancaster

State

CA

Zip Code

93534-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.15596

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr William R Engle

Mailing Address 7059 Coburn Ln

City

Johnston

State

IA

Zip Code

50131-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.13080

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Gere

Mailing Address 40 N Chatsworth Ave

City

Larchmont

State

NY

Zip Code

10538-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: SA11AI.13025

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Donald G Gumpertz

Mailing Address PO Box 2450

City

Toluca Lake

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Transaction ID: SA11AI.15334

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: SA11AI.10988

Amount of Each Receipt this Period

200.00

Earmarked- Pat Toomey

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	0

Transaction ID: SA11AI.10994

Amount of Each Receipt this Period

200.00

Earmarked- Gilbert Baker

**B.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	0

Transaction ID: SA11AI.10995

Amount of Each Receipt this Period

200.00

Earmarked- Tim Huelskamp

**C.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	0

Transaction ID: SA11AI.10996

Amount of Each Receipt this Period

200.00

Earmarked- Steve Pearce

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10999

Amount of Each Receipt this Period

200.00

Earmarked- Marco Rubio

**B.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.11000

Amount of Each Receipt this Period

200.00

Earmarked- Pat Toomey

**C.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.11001

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren S. Guy

Mailing Address 1501 Robinhood Ln

City

Lufkin

State

TX

Zip Code

75904-4834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.11002

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. Lowell Johnson

Mailing Address 571 Oriole Ln

City

Corona

State

CA

Zip Code

92879-3134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14358

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Frank Kozel

Mailing Address 560 Epsilon Dr Ste 1

City

Pittsburgh

State

PA

Zip Code

15238-2815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15410

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr Charles Y Manderfield

Mailing Address 4130 Park Ave

City

Brookfield

State

IL

Zip Code

60513-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15390

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George S Maxwell

Mailing Address 7740 Country Creek Dr

City

Longmont

State

CO

Zip Code

80503-7228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.13367

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brent W. Meadows

Mailing Address 12498 S 305th East Ave

City

Coweta

State

OK

Zip Code

74429-3567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser-Francis Andarko,  
LLC

Occupation

President

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.14962

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Meibergen

Mailing Address 1508 Oakhill Cir

City

State

Zip Code

Enid

OK

73703-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.15555

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald R. Scifres

Mailing Address 26700 Palo Hills Dr

City

State

Zip Code

Los Altos

CA

94022-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Investor

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.15527

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Grace Seklemian

Mailing Address 2333 Via Acalones

City

State

Zip Code

Palos Verdes Estat

CA

90274-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.14731

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

4300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR ALLEN SIMON

Mailing Address 1383 N CRISS ST

City

CHANDLER

State

AZ

Zip Code

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: SA11AI.14304

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Paul R Sjolund

Mailing Address 4790 Baycliffe Rd

City

Excelsior

State

MN

Zip Code

55331-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.13303

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.14588

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS MARTHA TURNEY**

Mailing Address **1361 E BOOT RD**

City State Zip Code  
**WEST CHESTER PA 19380**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**290.00**

Date of Receipt

**03 / 16 / 2010**

**Transaction ID: SA11AI.14381**

Amount of Each Receipt this Period

**290.00**

**B.**

Full Name (Last, First, Middle Initial)  
**Mr. James D Van Sickle**

Mailing Address **3600 SW Randolph Sq Unit 45**

City State Zip Code  
**Topeka KS 66611-3010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Vanguard Products Corp**

Occupation  
**Engineer**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**01 / 12 / 2010**

**Transaction ID: SA11AI.12949**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**Mr. James F. Van Valkenburg**

Mailing Address **535 Gradyville Road B125**

City State Zip Code  
**Plainview TX 79073**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**None**

Occupation  
**Retired**

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt

**02 / 22 / 2010**

**Transaction ID: SA11AI.13301**

Amount of Each Receipt this Period

**450.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1240.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

Mrs Ruby S Warren

Mailing Address 4020 Bluestem Cir

City

Plainview

State

TX

Zip Code

79072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.13300

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

13760.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

United States Postal Office

Mailing Address 220 N Hatcher Ave

City

Purcellville

State

VA

Zip Code

20134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.72

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA15.15720

Amount of Each Receipt this Period

1086.72

Postage Refund

**SUBTOTAL** of Receipts This Page (optional) .....

1086.72

**TOTAL** This Period (last page this line number only) .....

1086.72

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 32

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Action Mailers	<b>Transaction ID:</b> SB21B.11035 <b>Date of Disbursement</b>
Mailing Address 90 Commerce Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 0</div> </div>
City Ashton State PA Zip Code 19012 Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>1644.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Action Mailers	<b>Transaction ID:</b> SB21B.11039 <b>Date of Disbursement</b>
Mailing Address 90 Commerce Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 0</div> </div>
City Ashton State PA Zip Code 19012 Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>623.81</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Action Mailers	<b>Transaction ID:</b> SB21B.11041 <b>Date of Disbursement</b>
Mailing Address 90 Commerce Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City Ashton State PA Zip Code 19012 Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2204.04</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4472.78**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Action Mailers	<b>Transaction ID:</b> SB21B.11046 <b>Date of Disbursement</b>																				
Mailing Address 90 Commerce Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Ashton State PA Zip Code 19012	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<table border="1"> <tr> <td colspan="10">2330.81</td> </tr> </table>	2330.81																			
2330.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Action Mailers	<b>Transaction ID:</b> SB21B.11048 <b>Date of Disbursement</b>																				
Mailing Address 90 Commerce Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	0												
City Ashton State PA Zip Code 19012	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<table border="1"> <tr> <td colspan="10">995.22</td> </tr> </table>	995.22																			
995.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Action Mailers	<b>Transaction ID:</b> SB21B.11049 <b>Date of Disbursement</b>																				
Mailing Address 90 Commerce Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	0												
City Ashton State PA Zip Code 19012	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<table border="1"> <tr> <td colspan="10">685.50</td> </tr> </table>	685.50																			
685.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4011.53**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**

Full Name (Last, First, Middle Initial)

Action Mailers

Mailing Address 90 Commerce Drive

City Ashton State PA Zip Code 19012

Purpose of Disbursement  
PAC Direct Mail Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

923.44

**B.**

Full Name (Last, First, Middle Initial)

Action Mailers

Mailing Address 90 Commerce Drive

City Ashton State PA Zip Code 19012

Purpose of Disbursement  
PAC Direct Mail Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11058

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Amount of Each Disbursement this Period

192.81

**C.**

Full Name (Last, First, Middle Initial)

COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
PAC Direct Mail Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11053

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Amount of Each Disbursement this Period

2380.65

SUBTOTAL of Disbursements This Page (optional) .....

3496.90

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Direct Impressions	<b>Transaction ID:</b> SB21B.11037 <b>Date of Disbursement</b>																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City Richmond State VA Zip Code 23230	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Printing	<table border="1"> <tr> <td colspan="10">1302.20</td> </tr> </table>	1302.20																			
1302.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Direct Impressions	<b>Transaction ID:</b> SB21B.11054 <b>Date of Disbursement</b>																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Richmond State VA Zip Code 23230	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Printing	<table border="1"> <tr> <td colspan="10">1640.00</td> </tr> </table>	1640.00																			
1640.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FULFILLMENT HOUSE	<b>Transaction ID:</b> SB21B.11031 <b>Date of Disbursement</b>																				
Mailing Address 13860 REDSKIN DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	0												
City HERNDON State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail	<table border="1"> <tr> <td colspan="10">1765.40</td> </tr> </table>	1765.40																			
1765.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

4707.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FULFILLMENT HOUSE</p> <p>Mailing Address 13860 REDSKIN DR</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement PAC Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11032</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 439.96</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FULFILLMENT HOUSE</p> <p>Mailing Address 13860 REDSKIN DR</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement PAC Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11047</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 3528.80</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FULFILLMENT HOUSE</p> <p>Mailing Address 13860 REDSKIN DR</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement PAC Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11055</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1981.79</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5950.55

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) GLOBAL PAYMENTS INC	<b>Transaction ID:</b> SB21B.11043 <b>Date of Disbursement</b>																				
Mailing Address 10705 RED RUN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	0												
City OWINGS MILLS State MD Zip Code 21117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Transaction Fees	<table border="1"> <tr> <td colspan="10">48.72</td> </tr> </table>	48.72																			
48.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GLOBAL PAYMENTS INC	<b>Transaction ID:</b> SB21B.11060 <b>Date of Disbursement</b>																				
Mailing Address 10705 RED RUN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City OWINGS MILLS State MD Zip Code 21117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Service Fees	<table border="1"> <tr> <td colspan="10">91.54</td> </tr> </table>	91.54																			
91.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HSP DIRECT	<b>Transaction ID:</b> SB21B.11038 <b>Date of Disbursement</b>																				
Mailing Address 13755 SUNRISE DR SUITE 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City HERNDON State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Creative Fees	<table border="1"> <tr> <td colspan="10">2526.62</td> </tr> </table>	2526.62																			
2526.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

2666.88

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 32

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
Nova List Company

Mailing Address 13755 Sunrise Valley Dr. Ste 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
PAC List Acquisition

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.11028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1477.22

**B.**

Full Name (Last, First, Middle Initial)  
Nova List Company

Mailing Address 13755 Sunrise Valley Dr. Ste 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
PAC List Acquisition

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.11029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3185.16

**C.**

Full Name (Last, First, Middle Initial)  
SHORT TERM MAIL & POSTAGE ACCT

Mailing Address 13755 SUNRISE VALLEY DR  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC Direct Mail Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.11040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8162.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) SHORT TERM MAIL &amp; POSTAGE ACCT</p> <p>Mailing Address 13755 SUNRISE VALLEY DR SUITE 450</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement PAC Direct Mail Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11050 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>8194.77</div> </div> </p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SHORT TERM MAIL &amp; POSTAGE ACCT</p> <p>Mailing Address 13755 SUNRISE VALLEY DR SUITE 450</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement PAC Direct Mail Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11057 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>4894.32</div> </div> </p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sisk Mailing Service</p> <p>Mailing Address 203 Log Canoe Circle</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Direct Mail Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11025 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>2194.33</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**15283.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Sisk Mailing Service	<b>Transaction ID:</b> SB21B.11056 <b>Date of Disbursement</b>																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City State Zip Code Stevensville MD 21666	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Direct Mail Printing Candidate Name	<table border="1"> <tr> <td colspan="10">1399.00</td> </tr> </table>	1399.00																			
1399.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) VALLEY SELF STORAGE	<b>Transaction ID:</b> SB21B.15729 <b>Date of Disbursement</b>																				
Mailing Address 37221 E RICHARDSON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	0												
City State Zip Code PURCELLVILLE VA 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Rent Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) VALLEY SELF STORAGE	<b>Transaction ID:</b> SB21B.15731 <b>Date of Disbursement</b>																				
Mailing Address 37221 E RICHARDSON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City State Zip Code PURCELLVILLE VA 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Rent Expense Candidate Name	<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																			
60.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2459.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC Direct Mail Caging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11030

Date of Disbursement

M	M
0	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	1	0

Amount of Each Disbursement this Period

1382.18

**B.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC Direct Mail Caging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11052

Date of Disbursement

M	M
0	3

 / 

D	D
2	5

 / 

Y	Y	Y	Y
2	0	1	0

Amount of Each Disbursement this Period

995.27

SUBTOTAL of Disbursements This Page (optional) .....

2377.45

TOTAL This Period (last page this line number only) .....

53588.49

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 32

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
BAKER FOR US SENATE - 2010

Mailing Address 17 COOPER LANE

City CONWAY State AR Zip Code 72034

Purpose of Disbursement  
Earmarked Donation

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: AR District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.11009

Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
KANSANS FOR HUELSKAMP

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement  
Earmarked Donation

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.11012

Date of Disbursement

01 / 23 / 2010

Amount of Each Disbursement this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
MARCO RUBIO FOR US SENATE

Mailing Address 4031 SOUTH LE JEUNE ROAD

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
Earmarked Donation

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: FL District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.11018

Date of Disbursement

01 / 23 / 2010

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	<b>Transaction ID:</b> SB23.15722 <b>Date of Disbursement</b>																				
Mailing Address 4031 SOUTH LE JEUNE ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City CORAL GABLES State FL Zip Code 33146	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Donation Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE	<b>Transaction ID:</b> SB23.11015 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 2696	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	1	0												
City HOBBS State NM Zip Code 88241	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Donation Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	<b>Transaction ID:</b> SB23.11021 <b>Date of Disbursement</b>																				
Mailing Address 2720 JORDAN ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	1	0												
City OREFIELD State PA Zip Code 18069	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Donation Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement  
Earmarked Donation

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
 State: PA District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.15723

Date of Disbursement

MM / DD / YYYY  
 02 / 16 / 2010

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

1400.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 / 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ELECTRONIC REPORTING SYSTEMS INC

Nature of Debt (Purpose):  
BEST EFFORTS MAILINGS

Mailing Address 683 BERRYVILLE AVE

City State ZIP Code  
WINCHESTER VA 22601

Outstanding Balance Beginning This Period

1543.62

**Transaction ID:** SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1543.62

**1) SUBTOTALS** This Period This Page (optional).....

1543.62

**2) TOTALS** This Period (last page this line number only).....

1543.62

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1543.62